FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instruction		
NAME OF COMMITTEE (in formal contract)	(Check if name	Example: If typying, type over the lines	Office use only
Northup For Co	ongress		
ADDRESS (number and st	PO Box 7313		
(Check if addre	ss Louisville		KY 40257 –
COMMITTEE'S E-MAIL	. ADDRESS	CITY▲	STATE▲ ZIP CODE ▲
1			
COMMITTEE'S WEB F	DAGE ADDRESS (LIDI.)		
UCIVIIVIIT TEES WEBT	AGE ADDITESS (OTTE)		
COMMITTEE'S FAX N	JMBER		
سا لسا			
2. DATE 0.4	7 D D 7 Y Y Y Y Y Y 2008		
3. FEC IDENTIFICAT	TION NUMBER	C C00364448	
4. IS THIS STATEME	ENT NEW (N) OR	X AMENDED (A)	
I certify that I have examin	ed this Statement and to the best of my kno	owledge and belief it is true, correct ar	nd complete
Type or Print Name of T	reasurer Laura LaRue		
Signature of Treasurer	Electronically Filed by Laura LaF	Rue	Date 04 / 24 / 2008
NOTE: Submission of fals	e, erroneous, or incomplete information ma	y subject the person signing this Stat	
Office Use Only FE3AN042.PDF		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	

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5. TYPE OF COMMITTEE (Check One)	
(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	e candidate
Name of Anne Northup Candidate	
Candidate Party Affiliation REP Office Sought: X House Senate President	State KY District 03
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
	(Democratic, Republican,etc.) Party.
(e) This committee is a separate segregated fund	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee.	fund or party
6. Name of Any Connected Organization or Affiliated Committee	
ROMP	
Mailing Address 228 S Washington Street	
Suite 115	
Alexandria	22314
CITY A STATE A	ZIP CODE 🛦
Relationship Joint Fundraising Committee	
Type of Connected Organization:	
Corporation Corporation w/o Capital Stock Labor Organiz	ation
Membership Organization Trade Association Cooperative	

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W	rite or Type Committee Name														
	Northup For Congress														
7.	Custodian of Records: Identification possession of Committee book	y by name, address, (phone number oks and records.	optional), and position of th	ne person in											
	Full Name Mrs. Laur	a LaRue													
	Mailing Address	608 Montgomery Avenue													
	_	Elizabethtown	<u>KY</u>	42701											
	Title or Position ▼	CITY A	STATE	ZIP CODE A											
	Custodian of	Records	Telephone number												
3.	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).														
	Full Name of Treasurer Mrs. Laura LaRue														
	Mailing Address	608 Montgomery Avenue													
	_	Elizabethtown	KY	42701 _											
	Title or Position ♥	CITY A	STATE	ZIP CODE A											
	Treasurer		Telephone number 270												
			·	765 5660											
	Full Name of Designated Agent		·	765 _ 5660											
	Designated		· 	765 _ 5660											
	Designated Agent			765 _ 5660											
	Designated Agent	CITY A	STATE A	765 _ 5660											

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9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.																													
	Name of Bank, Depository, etc.																													
		Chase E	Bank													1	L											L		
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	Name of Bank, Depos	itory, etc.																												
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	Mailing Address													Ш						Ш					丄				L	
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CITY 🔼

ZIP CODE 🛕

STATE **△**

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Banks or Other Depositories: safety deposit boxes or maintain Name of Bank, Depository, etc.	ns funds.	committee deposits funds, holds accounts, rents [ADDITIONAL]
BB&T	1909 K Street NW	
	L Weshington	
	Washington	DC 20006 _
	CITY 🗖	STATE ZIP CODE A
Name of Any Connected Org	ganization or Affiliated Committee	[ADDITIONAL]
1		
Mailing Address		
	CITY▲	STATE ▲ ZIP CODE ▲
Relationship		
Type of Connected Organization	on:	
Corporation	Corporation w/o Capital Sto	ck Labor Organization
Membership Organiza		

Designated Agent			[ADDITIONAL]
Full Name			
Title or Position ♥	CITY A	STATE	
		Felephone number	